

ADOLESCENTS AND HIV:

RESPONDING TO THE UNIQUE NEEDS OF TEENAGERS IN RESOURCE-LIMITED SETTINGS

OVERVIEW

Adolescents undergo a period of rapid physical, emotional, and psychological change as they transition to being young adults. With these changes come challenges, choices, and risks; these are magnified in sub-Saharan Africa where HIV prevalence is higher than in any other region of the world. Adolescents are at high risk of acquiring HIV, with 30 percent of all new HIV infections in sub-Saharan Africa occurring in adolescent girls and young women (AGYW) under the age of 25.¹ This heightened risk is a consequence of the combination of the following factors: lack of formal and informal sex education; lack of dialogue about gender-based violence and sexual abuse; poor access to adolescent-friendly health services (AFHS); and social, gender, and income inequalities.

Worldwide, 2.1 million adolescents are living with HIV, 85 percent of whom reside in sub-Saharan Africa;² some acquired HIV from an HIV-infected mother around the time of birth or during breastfeeding, while others acquired HIV later in life through sexual exposure or other risky behaviors. Adolescents living with HIV (ALHIV) have poorer outcomes – for example, poorer retention in care and delay in antiretroviral treatment initiation – than HIV-infected adults and younger children. Recent data show an increase in AIDS-related deaths in this population,³ making AIDS the leading cause of death in adolescents in sub-Saharan Africa and the second leading cause of death globally.⁴ Furthermore, HIV-infected pregnant adolescents have poorer outcomes for themselves and for their infants when compared to outcomes among adult HIV-infected pregnant women.²

Due to the unique needs and experiences of adolescents, targeted programs and services to reduce HIV infection and to improve HIV-related treatment outcomes in this population are necessary. The U.S. Centers for Disease Control and Prevention (CDC) is addressing these issues with the following programs and approaches:

- **DREAMS:** CDC supports this initiative of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to reduce HIV infections among AGYW. Using a core package of evidence-based approaches that empower AGYW, strengthen families, mobilize communities for change, and reduce risk, CDC-supported DREAMS programs help AGYW live Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS).
- **The Families Matter! Program:** An evidence-based intervention for parents and caregivers of children and adolescents ages nine to 18, designed to promote positive parenting and effective parent-child communication about sexual health. Additionally, the intervention aims to raise awareness of child sexual abuse and gender-based violence, as well as help parents and caregivers build skills to address and prevent the occurrence of such events.
- **Project AIM (Adult Identity Mentoring):** An evidence-based, group-level youth development intervention designed to reduce HIV risk behaviors among adolescents ages 11 to 16 before they engage in risky sexual behaviors. The program addresses social barriers to sexual risk prevention such as hopelessness, low future expectations, and lack of motivation for healthy decision-making throughout adolescence.
- **Treatment for ALHIV:** CDC works with countries to improve the provision of AFHS through assessments, the development of national policy, and the implementation of services in clinics and in the community. CDC supports national governments in accelerating the introduction of Test and Start approaches for all people living with HIV, an effort that will help more rapidly expand treatment for this high-risk group and reduce transmission to AGYW.

¹ Dellar RC, Dlamini S, Karim QA. Adolescent girls and young women: key populations for HIV epidemic control. *HIV and adolescents: focus on young key populations* 2015:64

² UNICEF Data: Monitoring the Situation of Women and Children. <http://data.unicef.org/topic/adolescents/adolescent-demographics/>

³ UNAIDS and WHO. 2013. Global Report: UNAIDS report on the global AIDS epidemic. Geneva: UNAIDS and WHO.

⁴ Dick and Ferguson. Health for the world's adolescents: a second chance in the second decade. *Journal of Adolescent Health*. 2015; 56 (1): 3-6.

- Pregnant ALHIV: CDC is co-chairing a newly formed interagency task force on pregnant adolescents living with HIV, with the intent to guide efforts to improve clinical and support services for this group and their infants.

ACCOMPLISHMENTS / RESULTS

- CDC supports over \$73.5 million in DREAMS programming and funds 34 implementing partners in nine DREAMS countries. CDC-supported DREAMS programs empower AGYW through promoting and distributing condoms, community-based HIV testing and counseling, post-violence care, Pre-Exposure Prophylaxis, building social assets, safe spaces, and expanded and expanding the types of available contraception. Efforts including Voluntary Medical Male Circumcision and linkage to antiretroviral treatment services have also been incorporated to reduce risk in sex partners of AGYW. Additionally, DREAMS programs are working to mobilize communities for change through programs such as SASA! And Stepping Stones.
- For over a decade, the Families Matter! Program has been delivered in 10 sub-Saharan Africa countries and has reached more than 500,000 families. The program includes interventions to strengthen families that take place as part of the DREAMS initiative. In addition, recent enhancements to the curriculum have included material covering child sexual abuse, gender-based violence, and the provision of guidance and support for ALHIV.
- CDC is conducting a randomized controlled trial to evaluate Project AIM in Botswana. Through this effort, 5,000 Botswanan junior secondary school students have been reached. Previously implemented in the U.S., this project is assessing the efficacy of this evidence-based intervention in sub-Saharan Africa.
- CDC continues to review existing data that will help better characterize the burden of HIV among adolescents, their utilization of services, and health outcomes of HIV-infected pregnant and non-pregnant adolescents. This process will contribute to improving our understanding of the factors associated with treatment failure and loss-to-follow-up among this group, thereby better guiding program development.

FUTURE EFFORTS

- CDC plans to use the results from Project AIM in Botswana to inform the fine-tuning and broader dissemination of Project AIM in sub-Saharan Africa.
- During the two years of delivering the DREAMS program, the Families Matter! Program will reach over 100,000 families in Zambia, Zimbabwe, South Africa, Mozambique, and Kenya. As the program becomes even more widely known and accepted in communities, CDC continues to widen its reach and scope. New communities where the Families Matter! Program is implemented are often added, as current communities reach a point of saturation. Furthermore, efforts are underway to evaluate new additions to the curriculum.
- CDC will engage key stakeholders to help define the ideal service delivery package for pregnant and non-pregnant ALHIV that can be used across all levels of the health care system and in rural, semi-urban, and urban settings.
- CDC will conduct formative research to understand the unique barriers to and facilitators of service uptake among adolescents and will support the development of key operational documents to guide the broader implementation of AFHS. A recent Implementation Science Award recipient plans to evaluate the effect of multiple interventions targeting ALHIV in Zimbabwe on several clinical outcomes.
- CDC plans to utilize program, surveillance, and research findings to improve targeted HIV testing and linkage-to-care services for vulnerable adolescents.
- Through DREAMS programming, CDC will identify and promote interventions that reduce HIV-infection risks, increase HIV testing, and improve early HIV diagnosis and linkage-to-care for adolescent girls and young women.

- CDC will continue to advocate for the expansion of AFHS and the inclusion of adolescents in developing policies and designing programs.

BENEFITS OF OUR WORK

Lessons learned from the U.S.-based interventions were adapted and modified for implementation in communities in sub-Saharan Africa. An evaluation using equally rigorous standards demonstrated similar results to the U.S. evaluations, reaffirming that our interventions for adolescents are working, no matter the setting or context. Additionally, expanding AFHS will decrease mortality in ALHIV, HIV transmission from adolescent mothers to their children, and the risk of transmission through sex. Furthermore, takeaways from the implementation of these programs for adolescents living in resource-limited settings, especially regarding sexual and reproductive health education, may inform U.S.-based programs aimed at reaching adolescents living in poverty in rural and inner-city settings.